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C·H·O·I·C·E·S Access to Recovery Program

Maricopa County Final Report

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Executive Summary¹

Maricopa County was one of the three initial county drug courts recruited to participate in Arizona's Access to Recovery (ATR) program and began provider and client recruitment in early 2008. At the outset, clients were recruited exclusively from the drug court population; however, in April 2009, this was expanded to include any individual who was on probation and met the criteria for being methamphetamine-affected.

Demographics

The gender distribution for the ATR client population is slightly skewed from Maricopa County's general population with more males than females in the program (61.7% and 38.3% respectively).

Nearly the same percentage of clients in the ATR program identify as Hispanic as is found in the general population in Maricopa County (33.6% versus 31.8%). Frequently, the Hispanic population is over-represented in at-risk populations as a whole; therefore, this finding was somewhat unexpected.

Alcohol and Illegal Drug Use

All categories of alcohol and illegal drug use saw a reduction in substance use between intake and the six-month follow-up. Because ATR serves methamphetamine-affected individuals, it is of particular interest that there was a 90.5% decrease in methamphetamine use. Additionally, marijuana use and illegal drug use in general decreased substantially (by 89.1% and 83.5%, respectively), as did alcohol use (by 68.5%) in the six months between intake and the follow-up interview. The decrease in the average number of days was statistically significant for clients reporting use of any type of illegal drug, methamphetamine use, and marijuana use. Alcohol use showed a decrease as well; however the average number of days clients reported drinking five or more drinks did not show a statistically significant difference.

Physical and Emotional Health

Changes in the overall health status reported by the clients suggests a positive shift in their perception of overall health. Initially 5.6% rated their health as "poor" at intake, whereas by the six-month follow-up, only 2.2% of the clients rated their overall health as "poor." At the other end of the spectrum, the percentage of clients rating their overall health as "excellent" increased from 16.0% to 21.2%, and those who indicated "very good" rose by 24.6%.

¹ The report assumes the reader has some prior knowledge about the Arizona ATR program.

Medical Treatment Services: One would hope to see that as individuals address their substance abuse challenges, their needs would change from emergency services to inpatient treatment to outpatient services. Increases in the amount of medical health services sought by clients were seen in the majority of categories, with the exception of emergency room treatment, where no change was observed, and outpatient treatment for emotional problems, which decreased by 50.0% . Because of the nature of the ATR program, the 23.2% increase in clients who received outpatient treatment for alcohol or illegal drugs is of particular relevance. This may suggest that the treatment services provided through the ATR program were being accessed and utilized as the program had intended.

Emotional Health Issues Caused by Alcohol or Illegal Drug Use: As clients reduced their use of alcohol and illegal drugs, one would anticipate that the stress and emotional problems caused by substance use would decrease as well. Decreases were seen in the clients responding “no” or “little effect” as well as in those who were affected considerably; however, the more notable finding is in regards to the percentage of clients to whom this question no longer applied by the six-month follow-up. Just over 18% (18.2%) of the clients fell into the “not applicable” category for alcohol- or illegal drug-induced stress at intake, a percentage that had increased to 78.4% by the six-month follow-up. Similarly, at intake, 21.6% of the clients reported that the question regarding substance use as a cause of a reduction in activities was “not applicable,” a percentage that had increased to 81.8% six months later. At intake, 19.9% of the clients reported that the questions pertaining to emotional problems caused by substance abuse were “not applicable,” a percentage which had increased to 79.2% at the six-month follow-up.

Emotional Health Issues not Caused by Alcohol or Illegal Drug Use Risky Behavior: Although oftentimes individuals use substances to help cope with underlying emotional health issues, these issues can also be exacerbated by substance use. Overall reductions were reported in the percentage of clients affected by emotional health issues. In particular the percentage of clients reporting serious depression not due to their alcohol and drug use declined from 47.2% at intake to 26.4% at the six-month follow-up. A 38.2% decrease was also seen during the six month period in clients who reported an inability to concentrate in the previous 30 days. Nearly 35% (34.8%) fewer clients were troubled by serious anxiety. The average number of days clients experienced serious anxiety decreased significantly from 7.44 to 3.97, as did the average number of days clients reported experiencing depression (from 7.17 days at intake to 3.90 days). The average number of days clients were unable to concentrate showed a statistically significant decrease as well. Clients who reported being unable to control violent behavior, hallucinated, or attempted suicide did not show a statistically significant reduction in the average of days these were experienced during this time period.

Risky Behavior: Engaging in risky behaviors is likely to coincide with alcohol and illegal drug use simply because many substances lower an individual's inhibitions. Often, receiving education on the risks of certain behaviors changes the extent to which individuals participate in these behaviors. The percentage of clients engaging in sexual activity decreased by 21.8% within the six months between intake and follow-up. Additionally, the average number of sexual contacts decreased, from 10.81 times to 9.65, as did the number of unprotected sexual

contacts, averaging 7.85 unprotected contacts at intake and 6.88 times at the six-month follow up. Although these changes are encouraging, none were statistically significant.

Connection to Individual and Community Support Systems

Recovery and Social Support: Individuals with strong social support systems may move through the recovery process more quickly than those with an inadequate support system available. Nearly 55% (54.8%) more clients reported attending self-help groups such as Alcoholics Anonymous and Narcotics Anonymous six months after their intake than did when they first entered the ATR program. Likewise, 133.3% more clients reported attending other organization that support recovery six months after entering the ATR program, and attendance at religious self-help groups rose by 22.8%.

In addition to having a strong social network, it is also important that clients have a primary source of support when they are at particularly troublesome points in their lives. The greatest reported change seen for the clients' primary source of support was in the 60.0% fewer clients who indicated they did not have anyone they turned to when troubled. The percentage of clients choosing "other" for their primary support increased by 137.5%. Within this category, clients mentioned individuals such as sponsors and mentors as the person they turn to with problems.

Employment and Education: As individuals work toward recovery, they become more capable of productively contributing to society through employment or through training that will ready them for future employment. Almost 50% (44.7%) more clients were employed full-time at the time of their six-month follow-up interview than at intake, which roughly corresponds with the 53.4% decrease in the number of clients who were unemployed but looking for work during the same period. Nearly twice as many clients reported part-time employment at the six-month follow-up than at intake (8.2% at intake versus 15.6% at the follow-up). However, virtually no difference were seen between the percentage of clients who were unemployed and not looking for work at both intake and follow-up.

Only a few clients were enrolled in school or training at intake and only minimal changes were made during the six-month period before the follow-up interview. This would suggest that the majority of clients did not view additional education as a primary focus for their recovery efforts.

Housing Stability: Yet another fundamental aspect contributing to clients' accomplishments as they move through the recovery process is housing stability. Changes in housing stability can be difficult to interpret because the housing needs of this population changes frequently as they progress through recovery. Additionally, housing changes for a minimal number of clients can equate to rather large change in percentages. Of note however is the 150.0% increase in clients living in a half-way house and the 35.3% decrease in those living in someone else's house or apartment. The increased percentage of clients living in halfway houses suggests clients may have been accessing services available through ATR.

Criminal Justice Involvement

Involvement in the criminal justice system and in illegal activity declined between intake and the six-month follow-up. In particular, 82.2% fewer clients reported committing a crime, 76.0% fewer clients were arrested in the previous 30 days, and 96.7% fewer reported an arrest for drug-related offenses. A decline in the percentage of clients who spent at least one night in jail (-15.9%) and who were on probation at the time of the interview (-12.8%) was also indicated. The average number of crimes committed dropped from an average of 8.10 at intake to 0.51 by the six-month follow-up, a statistically significant decrease. The reduction in the number of times arrested, from 0.20 at intake to 0.05 after six months, was statistically significant as well. A slight increase in the number of nights spent in confinement (5.41 to 5.71) was seen, but the change was not enough to reach statistical significance.

Contents

Executive Summary	ii
Maricopa County	1
Demographics	2
Alcohol and Illegal Drug Use	3
Physical and Emotional Health	4
Medical Treatment Services	5
Emotional Health Issues Caused by Alcohol and/or Illegal Drug Use	6
Emotional Health Issues Not Caused by Alcohol and/or Illegal Drug Use	8
Risk Behaviors	9
Connection to Individual and Community Support Systems	10
Recovery and Social Support	10
Employment and Education	12
Housing Stability	13
Criminal Justice Involvement	14
Summary	16

Arizona CHOICES Access to Recovery

In 2003, President George W. Bush proposed in his State of the Union Address a new three-year competitive discretionary grant program to provide people seeking drug and alcohol treatment services with vouchers to pay for a range of appropriate community-based clinical treatment and recovery support services. The program was launched in August 2004 when the President announced the first three-year Access to Recovery (ATR) grants.

In 2007, a second round of ATR grants (ATR II) was announced. The State of Arizona Governor's Office of Children Youth and Families (GOCYF) applied for an ATR II grant and in September 2007, was awarded approximately \$8.3 million over three years, from 2007-2010. The grant is administered by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT).

The goals of the AZ ATR program, called Changing How Open Independence Can Ensure Success (CHOICES), were to expand capacity, support client choice, and increase the array of faith-based and community-based providers for clinical treatment and recovery support services. AZ ATR did this by developing and implementing a cost-effective treatment and recovery support services voucher system for individuals with methamphetamine-related substance use disorders.

Maricopa County

Maricopa County is the largest of the three original ATR start-up counties, with 4,023,132 residents as of the 2009 population count within a 9,203 square mile area. Nearly 32% (31.8%) of Maricopa County residents identify as Hispanic and 57.5% identify as white/non-Hispanic.

Maricopa County Drug Court, instituted in 1992, was well established by the time the ATR program was launched. As one of the initial county drug courts participating in Arizona's ATR program, Maricopa County Drug Court began provider and client recruitment in early 2008. At the outset, clients were recruited exclusively from the drug court population; however, beginning April 2009, this was expanded to include any individual who was on probation and met the criteria for being methamphetamine-affected².

ATR Data

Once an individual's eligibility for the ATR program has been established, an intake interview is conducted, part of which includes a staff-administered Government Performance and Results Act (GPRA) instrument. The GPRA is also administered six months after the client's intake, and again when the client is discharged from the ATR program. The findings in this report are based on data collected from the GPRA at intake and again at the six-month follow-up. Because discharge may happen later than the six-month follow-up, fewer clients have complete discharge information. Therefore, those data have not been included in this analysis.

²Methamphetamine-affected is defined as methamphetamine use within the previous 90 days.

Results

As of August 31, 2010 Maricopa County ATR had 230 clients with both intake and 6-month follow-up data.

Demographics

The gender distribution in Maricopa County is equally distributed (49.5% females). The ATR client population is slightly skewed from the general population with more males than females in the program (62.3% and 37.7% respectively). Table 1 categorizes the gender percentages.

Table 1: Client Gender

N=231	N	%
Male	144	62.3%
Female	87	37.7%

Nearly the same percentage of clients in the ATR program identify as Hispanic as is found in the general population (32.5% versus 31.8%). Frequently, the Hispanic population is over-represented in at-risk populations as a whole; therefore, this finding was somewhat unexpected. In addition 92.6% identified as white. The wording in the GPRA asking for ethnicity and race does not make Hispanic and other races mutually exclusive so there will be overlap among the Hispanic ethnicity and the race categories.

Table 2: Client Ethnicity and Race

N=231	N	%**
Hispanic*	75	32.5%
White	214	92.6%
African American	10	4.3%
Native American	7	3.0%
Other	2	0.9%

*Hispanic origin ethnicity is considered separate from race.

**Because client can indicate more than one race, total may not equal 100%.

Alcohol and Illegal Drug Use

The intentions behind ATR's goals to expand capacity, service availability, and support for individuals who need assistance in their attempts to quit using alcohol and illegal drugs is that successfully reaching these objectives would ultimately translate into decreases in client alcohol and drug use. Between the client's intake and 6-month follow-up assessment, one would expect a program that is experiencing successes to see the alcohol and drug use rates decrease. Table 3 provides a breakdown of the percentage of clients reporting alcohol at intake and again at the six-month follow-up.

Table 3: Percent of clients reporting alcohol and/or illegal drug use at intake and follow-up

N=231	% at Intake	% at 6 month follow-up	% Change
In the past 30 days...			
clients reporting alcohol use	23.4%	7.4%	-68.5%
clients reporting intoxication 5+ drinks	7.3%	1.9%	-75.0%
clients reporting intoxication 1-4 drinks	13.7%	5.0%	-63.2%
clients reporting illegal drug use	73.6%	12.1%	-83.5%
clients reporting both alcohol and illegal drug use	69.2%	33.3%	-83.3%
clients reporting marijuana use	23.8%	2.6%	-89.1%
clients reporting heroin use	3.2%	0.4%	-88.9%
clients reporting methamphetamine use	71.4%	9.5%	-90.5%

All categories of alcohol and illegal drug use saw a reduction in substance use between intake and the six-month follow-up. Because ATR serves methamphetamine-affected individuals, it is of particular interest that there was a 90.5% decrease in methamphetamine use. Additionally, marijuana use and illegal drug use in general decreased substantially (by 89.1% and 83.5%, respectively). Over two-thirds (-68.5%) fewer clients reported alcohol use in the six months between intake and the follow-up interview. However, it is important to note that these clients were also involved in the county drug court at the time of their involvement with ATR, so caution should be taken when interpreting these outcomes as it is difficult to discern the extent to which each of these programs impacted the data.

In addition to reviewing the percentage of individuals who report using alcohol, an assessment of the frequency can be indicative of whether clients who may still be struggling to abstain from alcohol or illegal drug use are, at minimum, showing a reduction in the frequency of their substance use. Table 4 provides the average number of days of use at intake and the 6-month follow-up and whether any changes reached statistical significance.

Table 4: Average number of days clients used alcohol and/or illegal drugs

N=231	Average at Intake	Average at 6 month follow-up	Statistically Significant Decrease?
In the past 30 days...			
# of days clients reported alcohol use	1.10	0.23	yes
# of days clients reported drinking 5+ drinks	7.14	0.14	nearing
# of days clients reported drinking 1-4 drinks	0.71	2.00	no
# of days clients reported illegal drug use	7.84	0.49	yes
# of days clients reported using both alcohol and illegal drugs	2.00	*	*
# of days clients reported marijuana use	2.76	0.10	yes
# of days clients reported heroin use	0.35	0.03	nearing
# of days clients reported methamphetamine use	6.75	0.38	yes

*Too few pairs existed to compare the means

$p < 0.05$

The decrease in the average number of days was statistically significant for clients reporting use of any type of illegal drug, from an average of 7.84 days to 0.49 days; methamphetamine use, from an average of 6.75 days to 0.38 days; and marijuana use, where the average number of days clients reported using declined from 2.76 to 0.10. Alcohol use decreased as well, averaging 1.10 days at intake to 0.23 days at the six-month follow-up. The changes in the average number of days clients drank five or more drinks or reported using heroin were close to, but did not reach, statistical significance.

Physical and Emotional Health

Illegal drug and alcohol use frequently causes marked changes in an individual's physical and mental health. As clients begin their recovery process, their perceptions of, and focus on, physical and emotional health changes. Once their bodies are no longer being subjected to chemicals, clients may feel the improvements in their physical and mental well-being. Conversely, clients may become aware of health issues for the first time and find the need to focus on the *lack* of physical or mental well-being. Regardless of the direction of change, success cannot be measured by constants, but rather by assessing the changes as reported by the clients themselves. Table 5 shows the overall health status as reported by the clients and the percentage of change between the intake and six-month follow-up.

Table 5: Overall health status as reported by clients at intake and follow-up

N=231	% at Intake	% at 6 month follow-up	% Change
Current Overall Health			
Excellent	16.0%	21.2%	32.4%
Very Good	24.7%	30.7%	24.6%
Good	35.9%	31.6%	-12.0%
Fair	17.7%	14.3%	-19.5%
Poor	5.6%	2.2%	-61.5%

Changes in the overall health status reported by the clients suggest a positive shift in their perception of overall health. Initially 5.6% rated their health as “poor” at intake, whereas by the six-month follow-up, only 2.2% of the clients rated their overall health as “poor.” The category of “fair” also saw a decrease of 19.5% for clients who felt they fit into this category. At the other end of the spectrum, the percentage of clients rating their overall health as “excellent” increased from 16.0% to 21.2%, and those who indicated “very good” rose by 24.6%.

Medical Treatment Services

Shifts seen in the types of medical treatment services clients are accessing may be indicative of their progress toward recovery. One would hope to see that as the individuals address their substance abuse challenges, their needs would change from emergency services to inpatient treatment to outpatient services. Table 6 provides the percentage of clients accessing each type of service within the past 30 days as well as the percentage of change between intake and the six-month follow-up.

Table 6: Percent of clients receiving physical, mental or substance abuse medical treatment

N=231	% at Intake	% at 6 month follow-up	% Change
In the past 30 days...			
Received ER treatment for physical problem	9.5%	14.7%	54.5%
Received inpatient treatment for physical problem	1.7%	2.2%	24.0%
Received outpatient treatment for physical problems	3.9%	4.3%	11.1%
Received ER treatment for alcohol or drug problems	0.0%	0.9%	200%
Received inpatient treatment for alcohol or drug problems	3.5%	8.2%	137.5%
Received outpatient treatment for alcohol or drug problems	42.9%	52.8%	23.2%
Received ER treatment for mental or emotional problems	0.4%	0.4%	0.0%
Received inpatient treatment for mental or emotional problems	0.0%	0.4%	100.0%
Received outpatient treatment for mental or emotional problems	5.2%	2.6%	-50.0%

Increases in the amount of medical health services sought by clients were seen in the majority of categories, with the exception of emergency room treatment, where no change was observed, and outpatient treatment for emotional problems, which decreased by 50.0% . Because of the nature of the ATR program, the 23.2% increase in clients who received outpatient treatment for alcohol or illegal drugs is of particular relevance. This may suggest that the treatment services provided through the ATR program were being accessed and utilized as the program had intended. The changes seen in the utilization of other medical services are somewhat misleading as they represent relative few clients, and should be interpreted with caution.

Emotional Health Issues Caused by Alcohol and/or Illegal Drug Use

The effects of alcohol and drug use frequently impact emotional health. An individual's perception as to the severity of their distress alludes to the depth of their alcohol- and/or drug-induced emotional health issues. One indication of client recovery efforts is the reduction in the relative level that clients feel disturbed by these emotional health issues. ATR service providers, such as substance use counseling and treatment, were available to support the clients with their recovery efforts. Table 7 provides the percentage of clients who respond to each category of perceived levels of distress as well as the percentage of change between intake and the six-month follow-up.

Table 7: Level of perceived distress over alcohol and/or illegal drug use

N=231		% at Intake	% at 6 month follow-up	% Change
In past 30 days AOD...				
Caused stress				
	Not at all	17.3%	7.4%	-57.5%
	Somewhat	22.9%	7.8%	-66.0%
	Considerably	16.5%	3.5%	-78.9%
	Extremely	24.7%	3.0%	-87.7%
	Not Applicable*	18.2%	78.4%	
Caused reduction in activities				
	Not at all	35.5%	11.3%	-68.3%
	Somewhat	19.5%	3.0%	-84.4%
	Considerably	9.5%	1.7%	-81.8%
	Extremely	13.9%	2.2%	-88.9%
	Not Applicable*	21.6%	81.8%	
Caused emotional problems				
	Not at all	29.0%	9.5%	-67.28%
	Somewhat	23.4%	5.6%	-75.9%
	Considerably	15.2%	3.9%	-74.3%
	Extremely	12.1%	1.7%	-85.7%
	Not Applicable*	19.9%	79.2%	

*Applies only to individuals who used alcohol and/or illegal drugs in past 30 days

As clients reduced their use of alcohol and illegal drugs, one would anticipate that the stress and emotional problems caused by substance use would decrease as well. Although Table 7 indicates decreases in responses in each of the categories, of more consequence is the percentage of clients to which these questions no longer applied by the six-month follow-up. The GPRA is designed so that if a client has not used alcohol or illegal drugs in the past 30 days, the question is “not applicable.” For each of the three questions, the percentage of individuals for whom this question no longer applied increased dramatically. Just over 18% (18.2%) of the clients fell into the “not applicable” category for causing stress at intake. By the six-month follow-up this had increased to 78.4%. Similarly, the questions regarding substance use creating a reduction in activities were “not applicable” to 21.6% of the clients at intake and 81.8% six months later. This was also the case for emotional problems caused by substance use, which was “not applicable” to 19.9% of clients at intake and 79.2% by the six-month follow-up.

Emotional Health Issues Not Caused by Alcohol and/or Illegal Drug Use

Although oftentimes individuals use substances to help cope with underlying emotional health issues, these issues can also be exacerbated by substance use. Once the alcohol and drug use is removed, these issues may present themselves at the forefront and require the clients to confront their problems. ATR services included counseling to assist clients in dealing with these issues. As with other aspects of their physical and emotional health, resolving the underlying emotional health issues reported by the clients may aid them in their overall recovery. Table 8 presents the percentage of clients who reported experiencing emotional health issues not related to alcohol or drug use in the past 30 days.

Table 8: Percent of clients experiencing emotional health issues not related to alcohol and/or illegal drug use

N=231	% at Intake	% at 6 month follow-up	% Change
In the past 30 days not due to AOD use...			
clients experiencing depression	47.2%	26.4%	-44.0%
clients experiencing serious anxiety	49.7%	32.5%	-34.8%
clients experiencing hallucinations	3.0%	1.3%	-57.1%
clients who were unable to concentrate/ understand	29.4%	18.2%	-38.2%
clients who were unable to control violent behavior	6.9%	4.3%	-37.5%
clients who attempted suicide	0.4%	0.4%	0.0%

Clients reported reductions in the percentages of those affected by emotional health issues not related to alcohol and/or illegal drug use in the previous 30 days. In particular the percentage of clients reporting they were experiencing depression not due to their alcohol and drug use declined from 47.2% at intake to 26.4% at the six-month follow-up. The percentage of clients who reported an inability to concentrate in the previous 30 days decreased as well between intake and follow-up (-38.2%). Nearly 35% (34.8%) fewer clients said they were troubled by serious anxiety. Reductions in clients who reported having hallucinations (-57.1%) and clients who reported being unable to control violent behavior (-37.5%) were also observed. The percentage of change seen for these last two, should be viewed with caution, however, due to the small number of clients this represents.

The frequency with which clients experience these emotional health issues is an important indicator of how much the clients are struggling with these feelings. Table 9 shows the average number of days the clients have experienced emotional challenges and whether any changes were statistically significant.

Table 9: Average number of days clients experienced emotional health issues not related to alcohol and/or drug use

N=231	Average at Intake	Average at 6 month follow-up	Statistically Significant Change?
In the past 30 days not due to AOD use...			
# of days experiencing depression	7.17	3.90	yes
# of days experiencing serious anxiety	7.44	3.97	yes
# of days experiencing hallucinations	0.28	0.27	no
# of days unable to concentrate/understand	4.56	2.60	yes
# of days unable to control violent behavior	0.68	0.26	no
# of times attempted suicide	0.00	0.00	no

$p < 0.05$

The average number of days clients indicated experiencing serious anxiety decreased significantly from 7.44 to 3.97. The reduction in the average number of days clients reported experiencing depression, from 7.17 at intake to 3.90 by the six-month follow-up, was also statistically significant, as was the decrease in the average number of days clients felt they were unable to concentrate (4.56 days at intake and 2.60 at the follow-up). The average number of days clients reported being unable to control violent behavior, having hallucinated or having attempted suicide did not show a statistically significant reduction during this time period.

Risk Behaviors

Engaging in risky behaviors is likely to coincide with alcohol and illegal drug use simply because many substances lower an individual's inhibitions. Not surprisingly these risk behaviors may jeopardize the physical health of these individuals. Often, receiving education on the risks of certain behaviors changes the extent to which individuals participate in these behaviors. Table 10 presents the percentage of clients engaging in risky behavioral activities and the average frequency of these activities.

Table 10: Percent of clients engaging in sexual activity and the average number of reported risky sexual contacts

N=231	Intake	6 month follow-up	% Change
In the past 30 days...			
% of clients engaging in sexual activity	61.5%	48.1%	-21.8%
Average # of sexual contacts	10.81	9.65	no
Average # of unprotected sexual contacts	7.85	6.88	no
Average # of unprotected sexual contacts with an IV drug user	0.19	0.00	no
Average # of unprotected sexual contacts with a person who is HIV/AIDS+	*	*	*

*Too few pairs existed to compare the means

The percentage of clients engaging in sexual activity decreased by 21.8% within the six months between intake and follow-up. Additionally, the average number of sexual contacts decreased, from 10.81 times to 9.65, as did the number of unprotected sexual contacts, averaging 7.85 unprotected contacts at intake and 6.88 times at the six-month follow up. Although these changes are encouraging, none were statistically significant.

Connection to Individual and Community Support Systems

Fundamental to achieving recovery from substance use is an individual's successful reintegration into their communities. The extent to which the client connects to social support, at both an individual and a community level, may be indicative of their successes in this realm. Following are outcome results for three indicators of individual and community connectedness: individual recovery and support systems, community contribution through work or school, and housing stability.

Recovery and Social Support

Individuals with strong social support systems may move through the recovery process more quickly than those with an inadequate support system available. Table 11 presents the percentage of individuals who have developed helpful support systems through self-help groups and/or with supportive family and friends.

Table 11: Percent of clients who indicate having social support through self-help groups and/or supportive family members and friends

N=231	% at Intake	% at 6 month follow-up	% Change
In the past 30 days...			
Attended voluntary self-help groups	40.3%	62.3%	54.8%
Attended religious self-help groups	34.2%	42.0%	22.8%
Attended other organizations that support recovery	7.8%	18.2%	133.3%
Interacted with family or friends that support recovery	87.4%	92.2%	5.4%

Nearly 55% (54.8%) more clients attended self-help groups such as Alcoholics Anonymous and Narcotics Anonymous six months after their intake than did when they first entered the ATR program. Likewise, 133.3% more clients reported attending other organizations that support recovery six months after entering the ATR program, and attendance at religious self-help groups rose by 22.8%. Interaction with supportive family or friends increased by 5.4%. Although this is a fairly small increase, it is an encouraging finding in that individuals working toward recovery often find these relationships may be detrimental to their recovery process and look for alternative support systems.

In addition to having a strong social network, it is also important that clients have a primary source of support when they are at particularly troublesome points in their lives. Sometimes clients may find that this support person changes when they begin their recovery process and discover new, healthier support relationships. Table 12 relays the clients' responses as to whom they consider to be their primary support at intake and at the 6-month follow-up. The percentage of change is also included.

Table 12: Percent of clients indicating a primary source of support at intake and 6-month follow-up

N=231	% at Intake	% at 6 month follow-up	% Change
Whom do you turn to when you're having problems			
No one	15.2%	6.1%	-60.0%
Clergy member	0.9%	0.4%	-50.0%
Family member	59.3%	60.6%	2.2%
Friends	19.0%	16.5%	-13.6%
Other	5.6%	16.5%	137.5%

The greatest reported change seen for the clients' primary source of support was the 60.0% fewer clients who indicated they did not have anyone they turned to when troubled. The percentage of clients choosing "other" for their primary support increased by 137.5% between intake and follow-up six months later. Within this category, clients mentioned individuals such as sponsors and mentors as the person they turn to with problems.

Employment and Education

As individuals work on their alcohol and illegal drug use issues, as well as any other emotional issues they need to address, they become more capable of productively contributing to society through employment or through training that will ready them for future employment. Because clients may have been out of the workforce for a lengthy period of time or lack the training and skills to obtain adequate employment, ATR service providers were available to provide career and training guidance. Table 13 presents the percentage of clients reporting each employment status, and Table 14 shows the percentage of clients reporting each school or training status.

Table 13: Percent of clients indicating employment status at intake and 6-month follow-up

N=231	% at Intake	% at 6 month follow-up	% Change
In the past 30 days...			
clients reporting full time employment	20.3%	29.4%	44.7%
clients reporting part time employment	8.2%	15.6%	89.5%
clients reporting unemployed—looking for work	56.7%	26.4%	-53.4%
clients reporting unemployed—not looking for work	3.9%	3.5%	-11.1%

Almost 50% (44.7%) more clients were employed full-time at the time of their six-month follow-up interview than at intake. This essentially corresponds with the 53.4% decrease seen in the number of clients who were unemployed but looking for work during the same period. Nearly twice as many clients reported part-time employment at the six-month follow-up as at intake (8.2% at intake versus 15.6% at the follow-up). There was virtually no difference between the percentage of clients who were unemployed and not looking for work at both intake and follow-up.

Table 14: Percent of clients indicating school/training status at intake and 6-month follow-up

N=231	% at Intake	% at 6 month follow-up	% Change
In the past 30 days...			
clients currently enrolled in school/training full time	2.6%	3.0%	16.7%
clients currently enrolled in school/training part time	0.9%	4.8%	450.0%
clients not enrolled in school or training	95.7%	91.3%	-4.5%

Few clients were enrolled in school or training at intake and only minimal changes were made during the six-month period before the follow-up interview. This would suggest that the majority of clients did not view additional education as a primary focus for their recovery efforts.

Housing Stability

Yet another fundamental aspect contributing to clients' accomplishments as they move through the recovery process is stability. This includes housing stability, which is often missing when clients first enter the program. Through ATR services, aid was available to help clients become more stable in their housing situation, whether it was from transitional housing, or by assisting the clients to the point where they are able to secure stable housing on their own. Table 15 represents the clients housing status as reported at intake and the 6-month follow-up.

Table 15: Percent of clients indicating current housing status at intake and 6-month follow-up

N=231	% at Intake	% at 6 month follow-up	% Change
In the past 30 days...			
clients living in a shelter	0.4%	0.9%	100.0%
clients living outdoors/streets	0.0%	0.4%	100.0%
clients living in an institution	18.2%	19.9%	9.5%
clients housed—living in their own house/apartment	35.1%	29.9%	-14.8%
clients housed—living in someone else's house/apartment	38.1%	24.7%	-35.3%
clients housed—living in a halfway house	6.1%	15.2%	150.0%
clients housed—living in residential treatment	0.9%	6.5%	650.0%
clients housed—living in other type of housing	1.3%	2.6%	50.0%

Changes in housing stability can be difficult to interpret because the housing needs of this population changes frequently as they progress through recovery. Additionally, as mentioned previously in this report, large percentages of change should be viewed with caution when it represents a minimal number of clients compared to the population size. This is evident in Table 15 in which, for example, the 650.0% increase in clients living in residential treatment represents 13 additional clients achieving this housing status between intake and the six-month follow-up. Of note however, are the 150.0% increase in clients living in a half-way house and the 35.3% decrease in those living in someone else's house or apartment. The increase seen in the percentage of clients living in halfway houses suggests clients may have been accessing services available through ATR.

Criminal Justice Involvement

Initially Maricopa County clients were recruited directly from the criminal justice system directly through the county's drug court. In April 2009, recruitment efforts were expanded to include the general probation population. Simply by nature of the client recruitment population, it was established prior to intake into the ATR program that these clients had involvement in the criminal justice system. Reducing involvement with the criminal justice system can be a lengthy process; however, improvements can be shown by the progression through the system.

Table 16: Percent of clients indicating involvement with criminal justice system at intake and 6-month follow-up

N=231	% at Intake	% at 6 month follow-up	% Change
In the past 30 days...			
Arrested one or more times	18.6%	5.2%	-72.1%
Arrested for drug related offenses	13.0%	0.4%	-96.7%
Spent at least one night in jail	38.1%	32.0%	-15.9%
Committed a crime	75.3%	13.4%	-82.2%
Currently awaiting charges, trial, or sentencing	3.0%	6.1%	100.0%
Currently on parole or probation	97.8%	85.3%	-12.8%

Involvement in the criminal justice system and in illegal activity declined between intake and the six-month follow-up. In particular, there was an 85.2% reduction in the percentage of clients who reported committing a crime. Seventy-six percent (76.0%) fewer clients indicated they had been arrested in the previous 30 days, and 97.1% fewer reported an arrest for a drug-related offenses. Declines in the percentage of clients who spent at least one night in jail (-35.1%) and who were on probation at the time of the interview (-27.6%) were reported. The only increase was seen in the percentage of clients who were currently awaiting charges, trial, or sentencing. Although the 75% increase appears sizeable, the actual numbers this represents is relatively

small.

Table 17: Average number of criminal justice encounters as indicated at intake and 6-month follow-up

N=231	Average at Intake	Average at 6 month follow-up	Statistically Significant?
In the past 30 days...			
# of times arrested	0.20	0.05	<i>yes</i>
# of times arrested due to drugs	*	*	*
# of nights spent in confinement	5.41	5.71	<i>no</i>
# of crimes committed	8.10	0.51	<i>yes</i>

*Too few pairs existed to compare the means

p<0.05

At intake, the average number of crimes committed was 8.10. By the six-month follow-up this was down to an average of 0.51 crimes, a statistically significant decrease. The reduction in the number of days arrested, from 0.20 at intake to 0.05 after six months, was statistically significant as well. A slight increase in the number of nights spent in confinement (5.41 to 5.71) was seen, but the change was not enough to reach statistical significance.

Summary

The Maricopa County ATR client population showed overall success in many aspects of their recovery process. Decreases were seen in both the percentage of clients using and the average number of days that alcohol and illegal drugs were used. These changes were statistically significant for illegal drug use in general, marijuana use, and methamphetamine use.

Clients reported increases in their perception of their overall health status. Clients also indicated that they were less disturbed by emotional health issues, both those caused by alcohol and illegal drug use and those distinct from their substance abuse. Decreases in risky sexual behaviors were noted; however, none of the changes resulted in statistically significant decreases.

From the clients' responses, it appeared that significant movement toward building individual and community support networks was being made. Increases were observed in the percentage of clients who attended one of three types of self-help support group. It was also noted that clients were relying more on individuals such as sponsors and mentors who could guide them through the recovery process.

Increases were seen in the percentage of clients who were employed both full-time and part-time, corresponding to the decreases in the clients who were unemployed but looking for work. Few changes occurred in the percentage of clients involved in school or training, which was minimal at intake.

Shifts in housing stability were challenging to interpret due to the relatively small number of clients the change percentages represented. Most prominent were the increase in clients residing in halfway houses and the decline in individuals who currently live in someone else's house or apartment. The increase utilization of halfway houses appears to suggest that clients were accessing some of the housing assistance services provided through the ATR program.

Reductions in criminal justice and criminal activity involvement were apparent across the board. Both the average number of arrests and the average number of crimes committed showed statistically significant reductions.

It must be noted that these clients were participating in the county drug court program concurrent to their involvement in the ATR program, so it is somewhat challenging to determine from these data how much of the clients' progress can be attributed directly to their participation in the ATR program.